

STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 ADSA, OFFICE OF RATES MANAGEMENT  
**NH SAFETY NET ASSESSMENT (SNA) PAYMENT FORM**

FACILITY NAME :				NH LICENSE NO :													
VENDOR NO :																	
PROVIDER ONE NO :				<b>REPORTED CENSUS</b>													
MONTH (A)	YEAR (B)	MEDICAID (C)	MEDICARE (D)	MEDICARE ADVANTAGE PART C (E)	PRIVATE (F)	OTHER (G)	TOTAL PATIENT DAYS (H)										
							0										
<table border="1"> <tr> <td>TOTAL PATIENT DAYS (H)</td> <td>LESS MEDICARE DAYS (D + E)</td> <td>SNA PAYMENT DAYS</td> <td>SNA FEE</td> <td>AMOUNT DUE</td> </tr> <tr> <td>0</td> <td>- 0</td> <td>= 0</td> <td>×</td> <td>= \$0.00</td> </tr> </table>							TOTAL PATIENT DAYS (H)	LESS MEDICARE DAYS (D + E)	SNA PAYMENT DAYS	SNA FEE	AMOUNT DUE	0	- 0	= 0	×	= \$0.00	
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FACILITY NAME :	0	NH LICENSE NO :	0
VENDOR NO :	0		
PROVIDER ONE NO :	0		

PAYMENT MUST BE POSTMARKED BY THE 20TH OF THE FOLLOWING MONTH:  
 REMIT TO:

Department of Social and Health Services  
 P.O. Box 9501  
 Olympia, Washington 98507-9501

On the lower left-hand corner of your check, please write "SNA Fee" and give NH License #

**Definitions:**

"Medicare patient day" means a patient day for Medicare beneficiaries on a Medicare part A stay, Medicare hospice stay, and a patient day for persons who have opted for managed care coverage using their Medicare benefit.

"Resident day" or "patient day" means a calendar day of care provided to a nursing facility resident, excluding Medicare patient days. A resident day includes the day of admission and excludes the day of discharge. An admission and discharge on the same day count as one day of care. Resident days include nursing facility hospice days and exclude bedhold days for all residents.

Any questions about the SNA, its calculation, or a nursing home's status under the SNA should be directed to ADSA's Office of Rates Management. Direct any questions to Ed Southon, Manager, Nursing Home Rates, at (360)725-2469

Chains may submit one check for multiple facilities but each facility must submit a separate form.

Please pay SNA amount only. Do not add bed renewal or any other fee with the SNA payment.

Days and amount due reported on this worksheet will be audited and reconciled by the Office of Rates Management.